



Department of Corrections

REPORT OF LOST OR DAMAGED PROPERTY

Inmate Name: _____ DOB: _____ Facility: _____

Description of Property (Must include size and complete description):	Value Alleged By Inmate
Total Estimated Value	

Inmate's Signature: _____ Date: _____

Received By (Staff Name Printed): _____ Signature: _____ Date: _____

<input type="checkbox"/> Ownership NOT Verified <input type="checkbox"/> Ownership Verified Does claim involve another Facility: <input type="checkbox"/> Yes <input type="checkbox"/> No	Investigation Assigned To: _____ SOS Signature: _____ Date: _____
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Once signed by the SOS, the facility has fifteen (15) business days to investigate and resolve a claim of lost or damaged property.

If the claim involves another facility, the time period for resolution may be extended an additional fifteen (15) days.

Investigating Staff's Findings:
Date: _____

Investigating Staff Name: _____ Investigating Staff Signature: _____

Based on the information above, I have decided to take the following action regarding this report of lost or damaged property:

<input type="checkbox"/> Replacement Denied <input type="checkbox"/> Replacement Approved Replacement Date: _____	<input type="checkbox"/> Reimbursement Denied <input type="checkbox"/> Reimbursement Approved Reimbursement Date: _____
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If denied, list why: _____

Superintendent Signature: _____ Date: _____

I hereby acknowledge I have received the lost or damaged item(s) listed on this form or replacement item(s) of like value or reimbursement and have **NO FURTHER CLAIM TO THE ITEM(S) LISTED AS LOST OR DAMAGED ABOVE.**

Inmate Name: _____ Inmate Signature: _____

Staff Signature (Witness): _____ Date: _____